

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19 1021 North Grand Avenue East P.O. Box 19276 Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

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Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Permittee (MI VILLAGE OF			ity Nar	ne): 			on Representing Permittee Who Contacted IEPA: LACHAPELLE		
Date: 04-04-13	Time: 9:30	AM ×	PM	IEPA Office DES PLAIN	e Contacted: NES		Name of IEPA Employee Contacted: Alan Anderson		
Sanitary S	ewer Ove	erflow	or E	ypass De	tails				
Date and Dur	ation of Ov	erflow	or Byp	ass Occurre	nce (complete a sep	arate form	for each occurrence):		
Start Date: 04-03-13	Time: 3:30	AM	PM	Duration of	f the overflow or bypa	ass (hours :	and minutes):		
Estimated Vo Wastewater Discharged (gallons):	V M	//////////////////////////////////////	Not ap	uring bypass plicable for a	collection Loca		Overflow or Bypass:		
0	<u>N</u> .	/A			1857	CEDAR R	D		
Circumsta	nces Cai	using	the (Overflow o	or Bypass (checl	k all that	apply)		
WPC 733	i 🗌	Rain		Power	Outage 🗌 Equipm	ent Failure	Other (explain below)		
11/2011		Snow N	/lelt	Broken	Sewer	read Flood	ling		
failed. What	caused the	power	outag	e, or what pl	ugged the sewer. Fl	ooding sho	urred. For example, describe what equipment buld only be indicated, as a cause if there is ust localized high water in the street.		
The RESIDE	NT at 1857	CEDA	AR RD	called and r	eported She had SLo	OW FLUSH	HING TOILETS.		

Wet Weather	(if applic	cable)									
Date(s) and D	uration o	f Rainfall:									
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)				
Contributing S	Soil Cond	itions (satı	urated, frozen,	soil type)							
Where Did	the Dis	charge	from the Ov	erflow o	or Bypas	ss Go? (check all that	apply)				
	oes not e	nter direct	ly into surface				y stream, river, lake, or wetland. wer, trace the path of the ditch o				
Runs on g	round an	d absorbs	into the soil								
Ditch: Na	me of su	face wate	r it drains to:								
Storm Sev	wer: Na	ame of sur	face water it di	rains to:							
☐ Surface v	vater dire	ct discharg	ge:								
☐ Basement	t Back-up	s, (Numb	per & use (i.e.r	esidential,	commerci	al) of buildings affected):					
○ Other, de	scribe;SI	OW FLUS	SHING TOILET	rs							
Actions to	Correc	t This O	ccurrence a	and Prev	ent Fut	ure Owerflows or Bypa	sses				
Describe what this form. Als permits prohibing may be the si	so descrit bit overflo	be what ac ows or byp	tions are planr asses, unless	the volume ned to prev certain sp	e of wastev ent or mir ecified cor	water discharged from the ov nimize future overflows or byp nditions are met. Sanitary se	erflow or bypass reported on passess. Illinois law and NPDES wer overflows and bypasses				
Report Coi					Δ11	horized Representative	- Contact Information				
•	•	-				•	. Contact information				
Contact Perso					Contact Person: SAME						
Street Addres	s: 2020 (CHESTNU	טאוי		_ Title		_				
PO Box:	HOME	:00D	 State:	П	Stre-						
City: Zip Code:	60430		State. Phone: 708-20		City:		 State:				
County:	COOK		1 110/16. 100-25	00-2010	•	 Dode:	Phone:				
· · · · · · · · · · · · · · · · · · ·		<u>-</u>			Cou						
	commits					ent material statement, ora It offense after conviction i					
Authorized R	epresent	ative Nam	e (Print)		Title						
Bob LaChape	elle ,		-		UTILITY	SUPERVISOR					
Roth	J.					4.4	-13				
Autho	orized Re	presentati	ve Signature			Date	. — !				



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Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD					Permit Number: MS4-IL40035	Person Representing Permittee Who Contacted IEPA: BOB LACHAPELLE
Date:	Time:	AM	РМ	IEPA Office	Contacted:	Name of IEPA Employee Contacted:
04-11-13	12:30	_ 🔲	X	DES PLAIN	IES	Alan Anderson
Sanitary S	ewer Ove	erflow	or E	ypass De	tails	
Date and Dur	ation of Ov	erflow	or Byp	ass Occurrei	nce (complete a s	separate form for each occurrence):
Start Date:	Time:	AM	PM	Duration of	the overflow or b	ypass (hours and minutes):
04-11-13	10:30	\mathbf{X}				
Estimated Vo Wastewater Discharged (gallons):	V\ M sy	GD):	Not ap	uring bypass plicable for a	collection L	ocation of the Overflow or Bypass:
0	N	/A				7501 Dixie Hwy
Circumsta	nces Cai	using	the 0	Overflow o	or Bypass (ch	eck all that apply)
WPC 733	X	Rain		☐ Power (Outage 🗌 Equi	pment Failure 🗵 Other (explain below)
11/2011		Snow N	/lelt	Broken	Sewer 🗌 Wid	espread Flooding
failed. What	caused the	power	outag	e, or what pl	ugged the sewer	or bypass occurred. For example, describe what equipment Flooding should only be indicated, as a cause if there is er levels, not just localized high water in the street.
						s line was blocked. We checked our sewer main, it was the sewer did not over flow.

Wet V _i ,ther (if Date(s) and Dur	f applicable) ation of Rainfall:								
	ime: AM PM :00 ☒ ☐		Гіте: 1:00	AM PM	Amount of Rainfall (inche	s) Amount of Snow Melt (inches)			
Contributing So	il Conditions (satı	urated, frozen, so	oil type)						
Where Did th	ne Discharge	from the Ove	rflow o	r Bypas	s Go? (check all tha	t apply)			
If discharge doe		ly into surface wa				rby stream, river, lake, or wetland. sewer, trace the path of the ditch or			
Runs on gro	und and absorbs	into the soil							
Ditch: Name	e of surface wate	r it drains to:							
☐ Storm Sewe	r: Name of sur	face water it drai	ns to:						
Surface wat	ter direct dischar	ge:							
■ Basement B	ack-ups, (Numb	oer & use (i.e.res	idential,	commercia	al) of buildings affected): 1	commercial			
○ Other, desc.	ribe: outside mar	nholes full							
this form. Also permits prohibit may be the sub	describe what ac overflows or byp ject of enforceme	tions are planned asses, unless ce ent action. It was backed-u	d to prevertain spe	ent or min cified con	imize future overflows or b ditions are met. Sanitary s	overflow or bypass reported on ypassess. Illinois law and NPDES lewer overflows and bypasses ge .We advised the restaurant to			
Report Com	pleted By			Autl	norized Representati	ve Contact Information			
Contact Person	: Bob La Chapelle)		Cont	act Person: SAME				
	2020 CHESTNU			Title:					
PO Box:				-					
City:	HOMEOOD	State:	IL	PO B		-			
Zip Code:	60430	Phone: 708-206	-2910	City:		State:			
County:	COOK			Zip C		Phone:			
				Coun	ty:				
					ent material statement, or t offense after conviction	rally or in writing, to the is a Class 3 felony. (415			
Authorized Rep	resentative Nam	e (Print)	7	Γitle					
Bob LaChapelle	e 🕜		ι	UTILITY SUPERVISOR					
Make	L				4-/1	-13			
Authoria	ν zed Representati	ve Signature			Da	te			



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Permittee (Mur VILLAGE OF H			ity Nar	ne):	Permit Numbe MS4-IL40035	on Representing Permittee Who Contacted IEPA: LACHAPELLE	
Date: 04-11-13	Time: 2:45	AM	PM ×	IEPA Office	e Contacted:		Name of IEPA Employee Contacted: Alan Anderson
Sanitary Se	•	erflow	or E	ypass De	tails		
_						separate for	m for each occurrence):
Start Date: 04-11-13	Time: 1:45	AM	PM ×	Duration of	f the overflow or	bypass (hou	rs and minutes):
Estimated Volu Wastewater Discharged (gallons): 0	M sy	MVTP I IGD): I ystem \$	Flow D Not ap SSO.	uring bypass plicable for a		Location of th	ne Overflow or Bypass: ille Ave
Circumstan	ces Ca	using	the C	Overflow o	or Bypass (c	heck all th	at apply)
WPC 733		Rain					ure 🗵 Other (explain below)
11/2011		Snow N	/lelt	☐ Broken	Sewer 🗌 Wi	despread Flo	ooding
failed. What c	aused the	power	outag	e, or what pl	ugged the sewe	er. Flooding s	ocurred. For example, describe what equipment should only be indicated, as a cause if there is of just localized high water in the street.
					eported back -u s most likely ra		ed our sewer main, it was down and flowing. His

Wet Weather	(if applic	cable)					
Date(s) and D	Ouration o	f Rainfall:					
Start Date: <u>04-10-13</u>	Time: 9:00	AM PM	End Date: 04-11-13	Time: 1:00	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
Contributing	Soil Cond	itions (satu	ırated, frozen,	soil type)			
Where Did	the Dis	charge	from the O	/erflow	or Bypas	ss Go? (check all that a	ipply)
	loes not e	nter directl	ly into surface				y stream, river, lake, or wetland. wer, trace the path of the ditch or
☐ Runs on g	ground an	d absorbs	into the soil				
Ditch: Na	me of su	rface wate	r it drains to:				
Storm Se	wer: Na	ame of sur	face water it d	rains to:			
Surface v	water dire	ct discharg	je:	•			
■ Basemen	it Back-up	s, (Numb	er & use (i.e.r	esidential	, commerci	al) of buildings affected): 1 re	sidential
Other, de	escribe:						
1			check his hou		g. we sho	the sewer because it was a c	lead end sewer. We advised
Report Co	mpleted	d By			Aut	horized Representative	Contact Information
Contact Pers	on: Bob L	a Chapelle	;		Cont	act Person: SAME	
Street Addres	ss: 2020	CHESTNU	ITRD		 Title		
PO Box:					Stree	et Address:	
City:		EOOD	State:		PO I		_
Zip Code:	60430		Phone: 708-2	06-2910	City:		State:
County:	COOF	ζ			Zip (Coui	Code: nty:	Phone:
	commits					ent material statement, orali It offense after conviction is	
Authorized R	Represent	ative Nam	e (Print)		Title		
Bob LaChap	elle	4			UTILITY S	SUPERVISOR	
Par	Luf					4-11-	13
							

Authorized Representative Signature



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Permittee (Mul VILLAGE OF I			ity Nar	ne):	Permit Number: Person Representing Permittee Who Cont BOB LACHAPELLE				Contacted IEPA:	
Date: 04-11-13	Time: 12:30	AM _	PM ×	IEPA Office	e Contacted: IES		of IEPA Emplo oderson	yee Conta	cted:	
Sanitary Se	wer Ove	erflow	or B	ypass De	tails					
Date and Dura	tion of Ov	erflow	or Byp	ass Occurrei	nce (complete a	a separate fon	m for eac	ch occurrence	>) :	
Start Date: 04-11-13	Time: 10:30	AM ⊠	PM	Duration of	the overflow o	r bypass (hour	rs and mi	inutes):		
Estimated Vol Wastewater Discharged (gallons):	۷ M	- MVTP i iGD): 1 ystem \$	Not ap	uring bypass plicable for a	(report in collection	Location of th	e Overflo	ow or Bypass	:	
0	N.	/A				18509 Hood /	Ave			
Circumstan	ices Cai	using	the C	Overflow o	or Bypass (c	heck all the	at appl	у)		
WPC 733	X	Rain		☐ Power (Outage 🔲 Ed	quipment Failu	re 🗵	Other (explai	n below)	
11/2011		Snow N	/lelt	☐ Broken	Sewer W	idespread Flo	oding			
failed. What o	aused the	power	outag	e, or what pl	why the overflow ugged the sew eam, or lake w	er. Flooding s	hould on	ily be indicate	ed, as a cau	
					oorted the Villag tck-up. the sew			We checked	our sewer r	nain, it was

Wet Weather	r (if appli	icable)					
Date(s) and [Ouration (of Rainfall:					
Start Date: 04-10-13	Time: 9:00	AM PM	End Date: <u>04-11-13</u>	Time: 1:00	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
Contributing	Soil Con	ditions (sati	urated, frozen	, soil type))		
Where Did	the Di	scharge	from the O	verflow	or Bypas	ss Go? (check all that a	ipply)
	loes not	enter direct	ly into surface				stream, river, lake, or wetland. Ver, trace the path of the ditch o
Runs on	ground a	nd absorbs	into the soil				
☐ Ditch: Na	ame of su	ırface wate	r it drains to:				
☐ Storm Se	wer: N	lame of sur	face water it o	rains to:			
Surface	water dir	ect dischar	ge:				
■ Basemer	ıt Back-u	ps, (Numl	ber & use (i.e.	residential	l, commerci	al) of buildings affected): 1 R	esidential
Other, de	escribe:0	utside clea	n full				
Report Co	mnlete	d By			Διι	horized Representative	Contact Information
•	•	•				1	
Contact Pers						<u></u>	
Street Addre PO Box:	\$\$; <u>ZUZU</u>	CHESTING	טאונ		Title	:: et Address:	
City:	HOM	IEOOD	 State	· 1L	PO		•
Zip Code:	6043		Phone: 708-2		City:		State:
County:	COC				•	Code:	Phone:
	commit					ent material statement, orali It offense after conviction is	
Authorized F	Represen	tative Nam	e (Print)		Title		
Bob LaChap	elle _^				UTILITY	SUPERVISOR	
ant	aff		-			4-11-1	13

Authorized Representative Signature



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Date: 04-11-13	Time: 12:30	AM _	PM ×	IEPA Office DES PLAIN	Contacted:		Name of IEPA Employee Contacted: Alan Anderson		
Sanitary Se	ewer Ove	rflow	or B	ypass Def	ails				
Date and Dura	ation of Ov	erflow	or Byp	ass Occurrer	nce (complete a	separate fon	m for each occurrence):		
Start Date:	Time:	<u>A</u> M	<u>PM</u>	Duration of	the overflow or	bypass (hour	rs and minutes):		
04-11-13	7:30	$_{\perp}$							
Estimated Vo Wastewater Discharged (gallons):	W M	WTP F GD): N	Vot ap	uring bypass olicable for a	collection	Location of th	ie Overflow or Bypass:		
0	N	Ά				18728 Howe	Ave		
Circumstar	าces Caเ	ısing	the C	verflow o	r Bypass (c	heck all th	at apply)		
WPC 733	⋈ F	Rain		☐ Power 0	Dutage 🗌 Eq	uipment Failu	re 🗵 Other (explain below)		
11/2011		Snow N	/lelt	☐ Broken	Sewer 🗌 Wi	despread Flo	oding		
failed. What	caused the	power	outag	e, or what plo	ugged the sewe	er. Flooding s	courred. For example, describe what equipment should only be indicated, as a cause if there is at just localized high water in the street.		
The RESIDE main, the line				called and	reported He ha	d water 3" of	water in the basement. We checked our sewer		

wet weather	(ir applicable)					
Date(s) and D	uration of Rainf	all:				
Start Date:	Time: AM F	om End Date: Ti	me:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
<u>04-10-13</u>			00	\square	1.2"	(1101169)
Contributing (Soil Conditions (saturated, frozen, soil	l type)			
			· •) [)			
Where Did	the Dischar	ge from the Over	flow or	Bypas	s Go? (check all that a	pply)
lf discharge d		rectly into surface wat				stream, river, lake, or wetland. er, trace the path of the ditch o
Runs on g	ground and abso	orbs into the soil				
Ditch: Na	me of surface w	vater it drains to:				
Storm Se	wer: Name of	surface water it drain	s to:			
Surface v	water direct disc	harge:				
⊠ Basemen	t Back-ups, (N	umber & use (i.e.resio	dential, co	ommerci	al) of buildings affected): 1 Re	esidential
○ Other, de	scribe:WATER	COMMING UP FLOC	OR DRAII	NS		
Actions to	Correct This	s Occurrence and	d Preve	nt Futi	ure Owerflows or Bypas	ses
We checked			I flowing.		sed Him to call a plumber to re	
Report Co	mpleted By			Aut	horized Representative	Contact information
	on: Bob La Chaj			Cont	act Person: SAME	
	ss: 2020 CHES	TNUT RD		Title		
PO Box:			1		et Address:	
City:	HOMEOOD	State: <u>II</u> Phone: 708-206-2		PO E		State:
Zip Code: County:	60430 COOK	_ Phone: 100-200-	2910	City: Zip (Code:	Phone:
Oddity.	<u> </u>			Cour		
	commits a Cla				ent material statement, orall nt offense after conviction is	
Authorized R	epresentative N	lame (Print)	T	itle		
Bob LaChap	elle ,		U	TILITY S	SUPERVISOR	
Much	Whi				4-11-	-13
 Auth	orized Represer	ntative Signature			Date	



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Date: 04-11-13	Time:	AM	PM X	IEPA Office DES PLAIN	Contacted:		Name of IEPA Employee Contacted: Alan Anderson	
Sanitary S		erflow	or E	ypass De	tails			
Date and Dur	ation of Ov	erflow	or Byp	ass Occurrer	nce (complete a	separate fon	m for each occurrence):	
Start Date:	Time:	AM	PM	Duration of	the overflow or	bypass (houi	rs and minutes):	
04-11-13	6:40	X	Ш					
Estimated Vo Wastewater Discharged (gallons):	V _V	/WTP F GD): 1 /stem S	Vot ap	uring bypass plicable for a	collection	Location of th	ie Overflow or Bypass:	
0	N	/A				1911 Birch R	d	
Circumsta	nces Cau	using	the C	Overflow o	r Bypass (cl	heck all th	at apply)	
WPC 733	× F	Rain		☐ Power 0	Dutage 🗌 Equ	uipment Failu	re 🗷 Other (explain below)	
11/2011		Snow N	/lelt	☐ Broken	Sewer 🔲 Wid	despread Flo	oding	
failed. What	caused the	power	outag	e, or what pl	ugged the sewe	r. Flooding s	ccurred. For example, describe what equipment should only be indicated, as a cause if there is at just localized high water in the street.	
					reported He had s down and flow		g from the floor drains after showering and doing	

Wet Weather		•					
Date(s) and D	uration C	n Kannan.					Amount of Snow Melt
Start Date: 04-10-13	Time: 9:00	AM PM	End Date: <u>04-11-13</u>	Time: 1:00	AM PM	Amount of Rainfall (inches) 1.2"	(inches)
Contributing S	Soil Conc	litions (satı	urated, frozen,	soil type)			
Where Did	the Dis	scharge	from the O	verflow o	or Bypas	ss Go? (check all that a	ipply)
If discharge d storm sewer t	oes not e o find the	enter direct e receiving	ly into surface water.				stream, river, lake, or wetland. Ver, trace the path of the ditch o
Runs on g	•						
Ditch: Na							
Storm Sev	wer: N	ame of sur	face water it d	rains to:			
Surface v	vater dire	ct discharç	ge:				
🔀 Basemen	t Back-up	os, (Numb	oer & use (i.e.r	esidential,	commerci	al) of buildings affected): 1 R	esidential
○ Other, de	scribe: <u></u> V	ATER CO	MMING UP FL	OOR DRA	AINS		
may be the s We checked			*******	and flowing	g. We advi	sed Him to call a plumber to r	od his sewer service line.
Report Co	mplete	d By			Aut	horized Representative	Contact Information
Contact Pers	on:Bob L	a Chapelle	•		Cont	act Person: SAME	
Street Addres	s: 2020	CHESTNL	TRD		 Title		
PO Box:					Stre	et Address:	
City:	HOM	EOOD	State:		PO	Зох:	_
Zip Code:	6043		Phone: 708-2	06-2910	City:		State:
County:	<u>coo</u>	K			Zip (Cou	Dode:	Phone:
					Oou		
	commits					ent material statement, orali nt offense after conviction is	
Authorized R	epresent	tative Nam	e (Print)		Title		
Bob LaChap	elle	1.			UTILITY	SUPERVISOR	
THE	wf	h				4/	1-13

Authorized Representative Signature



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Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

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Permittee (Mur VILLAGE OF H			ity Nar	ne):	Permit Number: MS4-IL40035		
Date: 04-11-13	Time: 12:30	AM	PM ×	IEPA Office Contacted: DES PLAINES			Name of IEPA Employee Contacted: Alan Anderson
Sanitary Se	wer Ove	rflow	or B	ypass Def	tails		
•						separate for	m for each occurrence):
Start Date: 04-11-13	Time: 10:00	AM ×	PM	Duration of	the overflow or b	ypass (hou	rs and minutes):
Estimated Volu Wastewater Discharged (gallons):	W M	WTP f GD): N	low D lot ap SSO.	uring bypass plicable for a	(report in collection	ocation of th	ne Overflow or Bypass:
0	N/	Ά			2	149 Chestn	ut Rd
Circumstan	ces Cau	ısing	the C	Overflow o	r Bypass (ch	eck all th	at apply)
WPC 733 11/2011	⊠ F □ S	Rain Snow N	/lelt		- •	ipment Failu espread Flo	ure X Other (explain below)
failed. What ca	aused the	power	outag	e, or what pl	ugged the sewer	. Flooding s	ccurred. For example, describe what equipment should only be indicated, as a cause if there is of just localized high water in the street.
					•		er in the basement. We checked our sewer main, m water problem.

Wet Weather											
Date(s) and D	uration c	of Rainfall:									
Start Date: 04-10-13	Time: 9:00	AM PM	End Date: 04-11-13	Time: 1:00	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)				
Contributing 5	Soil Cond	litions (satu	ırated, frozen,	soil type)							
Where Did	the Dis	scharge t	from the O	verflow	or Bypas	ss Go? (check all that a	pply)				
	oes not e o find the	enter directle receiving	y into surface water.				stream, river, lake, or wetland. er, trace the path of the ditch o				
☐ Ditch: Na	me of su	rface water	r it drains to:								
☐ Storm Sev	wer: N	ame of sur	face water it d	rains to:							
☐ Surface v	vater dire	ct discharg	je:	2-							
X Basemen	t Back-up	s, (Numb	er & use (i.e.r	esidential	, commerci	al) of buildings affected): 1 Re	esidential				
○ Other, de	scribe:W	ATER CO	MMING UP FI	LOOR DR	AINS	98.1					
	the main ot coming	sewer line from the s	MEG Weller ALOUS			sed Her to call a plumber to lo	ok for the source of the storm				
•	3.00	-				TO MUNICIPAL TO SUBSTITUTE AND ADMINISTRATION OF ANY AND HOLD STATE OF A SUBSTITUTE OF A SUBST					
Contact Person	AND DESCRIPTION OF	WALL BUILDING THE STATE OF THE			_	Contact Person: SAME					
PO Box:	s. <u>2020</u>	CHESTINO	IKD		Title:Street Address:						
City:	HOM	EOOD	— State:	IL	PO E	Box:					
Zip Code:	60430		Phone: 708-2	·	City:	50 May 150 O	State:				
County:	COO	(Zip C Cour	Code:	Phone:				
	commits					ent material statement, orall t offense after conviction is					
Authorized R	epresent	ative Name	e (Print)		Title	Title					
Bob LaChape	elle				UTILITYS	SUPERVISOR					
Kut	Who					4-11-	-13				

Authorized Representative Signature



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Sanitary Sewer Overflow or Bypass Notification Summary Report

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Permittee (Mi VILLAGE OF			ity Naı	me): 	Permit Number: MS4-IL40035	Person Representing Permittee Who Contacted IEPA: BOB LACHAPELLE				
Date: 04-11-13	Time: 12:30	AM	PM X	IEPA Office DES PLAIN	e Contacted: IES	Name of IEPA Employee Contacted: Alan Anderson				
Sanitary S		erflow	or E	Bypass Def	tails					
Date and Dur	ation of Ov	erflow	or Byp	ass Occurrer	nce (complete a s	eparate form for each occurrence):				
Start Date:	Time:	AM	PM	Duration of	the overflow or b	e overflow or bypass (hours and minutes):				
04-11-13	3:30	_ 🗙								
Estimated Vo Wastewater Discharged (gallons):	V. M	MTP F GD): 1 /stem S	Not ap	uring bypass plicable for a	collection	cation of the Overflow or Bypass:				
0	N	/A			1307 POPLAR CT					
Circumsta	nces Caเ	using	the 0	Overflow o	r Bypass (che	eck all that apply)				
WPC 733	X F	Rain		☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)						
11/2011		Snow N	/lelt	☐ Broken Sewer ☐ Widespread Flooding						
failed. What	caused the	power	outag	je, or what pl	ugged the sewer.	r bypass occurred. For example, describe what equipment Flooding should only be indicated, as a cause if there is r levels, not just localized high water in the street.				
						d water coming from the floor drains We checked our sewer one would answer the door.				

wet weather (ir applicable)								
Date(s) and Du	ration of Rainfall:								
Start Date:	Time: AM PM	End Date: 1	ime:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)			
04-10-13	9:00	<u>04-11-13</u> <u>1</u>	:00		1.2"	(IIIGIICS)			
Contributing Se	oil Conditions (sat	urated, frozen, so	il type)						
Where Did t	he Discharge	from the Ove	rflow o	or Bypas	ss Go? (check all that a	pply)			
If discharge do		ily into surface wa				stream, river, lake, or wetland. er, trace the path of the ditch of			
Runs on gr	ound and absorbs	into the soil							
Ditch: Nan	ne of surface wate	er it drains to:							
Storm Sew	er: Name of su	rface water it drai	ns to:						
Surface w	ater direct dischar	ge:							
🗵 Basement	Back-ups, (Numl	ber & use (i.e.resi	idential,	commerci	al) of buildings affected): 1 Re	esidential			
○ Other, des	cribe:WATER CC	MMING UP FLO	OR DRA	AINS					
Actions to 0	Correct This O	ccurrence an	d Prev	ent Futi	ure Owerflows or Bypas	ses			
this form. Also permits prohib	o describe what a	ctions are planne passes, unless ce	d to prev	ent or min	water discharged from the ove imize future overflows or bypa iditions are met. Sanitary sew	issess. Illinois law and NPDES			
	ne main sewer line		d flowing	n.					
VVO OITOVITOU II	TO THE MICH COLLEGE WHITE	z. It iido doiiii dii	4 (1 0 1 1)	9.					
Report Con	npleted By			Aut	horized Representative	Contact Information			
Contact Person	n:Bob La Chapell	e		Contact Person: SAME					
	: 2020 CHESTNU			– Title					
PO Box:				Stree	et Address:				
City:	HOMEOOD	State:		PO 8		<u></u>			
Zip Code:	60430	Phone: <u>708-206</u>	-2910	City:		State:			
County:	COOK			•	Code:	Phone:			
				Cou	<u> </u>				
					ent material statement, orall It offense after conviction is				
Authorized Re	presentative Nam	e (Print)		Title					
Bob LaChape	lle			UTILITY SUPERVISOR					
Monta	Lan			4-11-13					
Author	rized Representat	ive Signature		Date					



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Permittee (Mo Village of hor		or Facil	ity Nai	me):	Permit Number: ms4-il40035	Person Representing Permittee Who Contacted IEPA: Robert LaChapelle		
Date: 04-16-13	Time: 3:05	AM _	PM ⊠	IEPA Office Des Plaine	e Contacted: s	Name of IEPA Employee Contacted: ALAN ANDERSON		
Sanitary S	ewer Ove	erflow	or E	Sypass De	talls			
Date and Dur	ation of Ov	erflow	or Byp	ass Occurre	nce (complete a sep	arate form for each occurrence):		
Start Date:	Time:	AM	PM	Duration of	the overflow or byp	ass (hours and minutes):		
04-16-13	<u>10:15</u>	_ X		0				
Estimated Vo Wastewater Discharged (gallons):	∨	WTP I IGD): I ystem \$	Not ap	Ouring bypass oplicable for a	collection	ution of the Overflow or Bypass:		
0					1790	77 Riedel Ct.		
Circumsta	inces Ca	using	the	Overflow	or Bypass (chec	k all that apply)		
WPC 733		Rain		Power Outage Equipment Failure S Other (explain below)				
11/2011		Snow I	Vielt	☐ Broken Sewer ☐ Widespread Flooding				
failed. What	caused the	e power	r outag	ge, or what p	lugged the sewer. F	bypass occurred. For example, describe what equipment looding should only be indicated, as a cause if there is evels, not just localized high water in the street.		
The homeov	vners sewei	r servic	e was	blocked.				

Wet Weather	(if appli	cable)							
Date(s) and [ouration o	of Rainfall:							
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)		
Contributing n/a	Soil Cond	ditions (satu	ırated, froze	n, soil type)				
Where Did	the Di	scharge t	from the (Overflow	or Bypas	ss Go? (check all that a	ipply)		
If discharge of storm sewer Runs on	loes not on the state of the st	enter direct e receiving nd absorbs	ly into surfact water. into the soil	ce water, bu	astewater e it indirectly	nters, which could be a nearby by way of a ditch or storm sev	stream, river, lake, or wetland. ver, trace the path of the ditch or		
Ditch: Na				-					
			face water it	drains to:	13				
		ect discharg	·						
street in the same		N 6571 3553		e.residentia	l, commerc	ial) of buildings affected): 1 R	ESIDENTAL		
★ Other, deliver, del	escribe:	lean out ful	<u>[</u>						
Resident at ways. The r					ide his hou	se. The village sewer line was	clear, we jetted the line any		
Report Co	mplete	d By			Au	thorized Representative	Contact Information		
Contact Pers	son:Robe	ert LaChape	elle		Con	tact Person: Same			
Street Addre	ss: 2020	Chestnut r	⁻ d		Title				
PO Box:			= = = = = = = = = = = = = = = = = = =		Stre	eet Address:			
City:	Grant Car	ewood		te: IL	- 1001 CO-2	Box:	2		
Zip Code:	6043		Phone: 708	3-206-2910	-	· · · · · · · · · · · · · · · · · · ·	State:		
County:	Cool	(2	Code:	Phone:		
					COL	<u></u>			
	commit					lent material statement, oral nt offense after conviction is			
Authorized	Represer	ıtative Nam	ne (Print)		Title				
Robert LaC	hapelle				Utility sup	pervisor			
flood a	Alm					4-113	1-13		

Authorized Representative Signature



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circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

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Permittee (Mu VILLAGE OF			ity Nar	me): Permit Numb MS4-IL4003	refeel tropicoesting refinition this contactor in				
Date: 06-27-13	Time: 2:20	AM	PM ×	IEPA Office Contacted: DES PLAINES	Name of IEPA Employee Contacted: Alan Anderson				
Sanitary So	ewer Ove	erflow	v or E	Bypass Details					
Date and Dun	ation of Ov	erflow	or Byp	ass Occurrence (complete	a separate form for each occurrence):				
Start Date: 06-27-13	Time: 10:30	AM X	PM	Duration of the overflow	or bypass (hours and minutes):				
Estimated Vo Wastewater Discharged (gallons):	lume of V\ M	— — WTP I	Not ap	uring bypass (report in plicable for a collection	Location of the Overflow or Bypass:				
100	N	/A			903 Elder Rd				
Circumsta	nces Ca	using	the (Overflow or Bypass (check all that apply)				
WPC 733 11/2011		Rain Snow M	vleit		quipment Failure 🗵 Other (explain below) Mdespread Flooding				
failed. What	caused the	power	r outag	e, or what plugged the sev	w or bypass occurred. For example, describe what equipment ver. Flooding should only be indicated, as a cause if there is vater levels, not just localized high water in the street.				
_					was over flowing. The shop towels and grease caused the back- ack into the manhole The rest soaked into the grass.				

Wet Weather	r (if applic	cable)								
Date(s) and D	Ouration o	f Rainfall:								
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)			
Contributing	Soil Cond	itions (satı	urated, frozen,	soil type)						
Where Did	the Dis	charge	from the O	verflow	or Bypa	ss Go? (check all that a	pply)			
	loes not e	nter direct	ly into surface				stream, river, lake, or wetland. er, trace the path of the ditch or			
■ Runs on	ground an	d absorbs	into the soil							
Ditch: Na	ame of su	rface wate	r it drains to:							
Storm Se	wer: N	ame of sur	face water it d	lrains to:						
☐ Surface	water dire	ct discharç	ge:							
☐ Basemen	it Back-up	s, (Numb	er & use (i.e.	residential	, commerc	ial) of buildings affected):				
○ Other, deligned in the control of the co	escribe:ba	ick into the	e manhole							
Actions to	Correc	t This O	ccurrence	and Pre	vent Fut	ure Owerflows or Bypas	sses			
Describe wh this form. Al permits proh may be the s	lso descril ibit overfl	be what ac ows or byp	ctions are plan passes, unless	the volum ned to pre certain sp	e of waste vent or min pecified con	water discharged from the ove nimize future overflows or bypa nditions are met. Sanitary sew	rflow or bypass reported on Issess. Illinois law and NPDES er overflows and bypasses			
			e. It was backe				. The blockage was caused by			
Report Co	mplete	d By			Aut	thorized Representative	Contact Information			
Contact Pers	on:Bob L	a Chapelle	€		Contact Person: SAME					
Street Addre	ss: 2020	CHESTNL	JT RD		Title	.				
PO Box:						et Address:				
City:		EOOD	State:			Box:	_			
Zip Code:	60430		Phone: 708-2	206-2910	City	: Code:	State:			
County:	COO	·			Cou	 	FROME.			
	commits					lent material statement, orall nt offense after conviction is				
Authorized F	Represent	ative Nam	e (Print)		Title					
Bob LaChap	elle ,	i			UTILITY	UTILITY SUPERVISOR				
Roll	will	l.		•		6-27	.13			
Auth	orized Re	presentat	ive Signature			Date				